

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 29, 2017

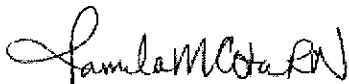
Ms. Mary Mougey, Manager
Ethan Allen Residence
1200 North Avenue
Burlington, VT 05408-2777

Dear Ms. Mougey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 5, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



DEC 26 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/05/2017
NAME OF PROVIDER OR SUPPLIER ETHAN ALLEN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 NORTH AVENUE BURLINGTON, VT 05408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site re-licensure survey, along with a complaint investigation, was conducted by the Division of Licensing and Protection between 12/4-5/2017. The following issues were identified:	R100		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by:	R179	See Attached 12/20/17	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Cheryl Chausy Administrator

12/20/17

6899

LJFN11

If continuation sheet 1 of 8

R179 - R207 POC accepted 12/27/17 M.Bertrand RD/pma

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED: C 12/05/2017
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R179	Continued From page 1 Based on record review and confirmed by staff interview, the facility failed to ensure that 3 of 5 employees, who provide direct care to residents, have completed the 12 hours of annual training. The findings include the following: 1. Employee #1 who has a hire date of 6/16/16 has completed 9 of the 12 hours of training required in the past 12 months. There is no record that this employee has had training in Respectful/Effective Communication. 2. Employee #4 who has a hire date of 4/20/15 has completed 2 of the 12 hours of training required in the past 12 months. There is no record that this employee has had training in Resident Rights, Fire Safety, Emergency Response, Abuse/Neglect/Exploitation and Respectful/Effective Communication. 3. Employee #5 who has a hire dated on 10/3/05 has completed 6 of the 12 hours of training required in the past 12 months. There is no record that this employee has had training in Resident Rights, Emergency Response and General Care and Supervision of Residents. The Director of Nurses confirmed on 12/4/17 at approximately 2:30 PM, that the employees listed above do not have the required 12 hours of training.	R179		
R181 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect	R181	See Attached 12-20-17	

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R181	Continued From page 2 or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on employee file review and confirmed by the facility manager, the facility has 1 of 5 employees with a criminal offense who has been convicted of multiple felonies and misdemeanors, all related to exploiting a vulnerable adult and financial exploitation by the fraudulent use of a credit card. The employee was hired as a direct care provider to the residents of the facility. The findings include the following: Per review of the personnel file of Employee #2, was hired by the organization on 8/31/15. The employee transferred to the Ethan Allen Home on 1/25/17. The following Criminal Convictions were identified by the State of Vermont Criminal Investigation Center (VCIC) and the results provided to the facility: 1/26/2015 date of conviction for a Felony offense	R181		

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R181	Continued From page 3 of Forgery; 5/9/16 and 5/10/16 date of convictions for a Misdemeanor offense of Fraud-Credit Card use; and 5/10/16 date of conviction for a Felony offense of Financial Exploitation of a Vulnerable Adult. Per review of Employee #2's Application for Employment dated 8/31/15, identifies that the employee acknowledged being convicted of a crime. There is a notation that identifies "Felony". Per interview with the facility Manager through out the 2 day review (12/4-12/5/17) confirmation was made that the convictions were known.	R181		
R191 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours	R191	<i>See Attached</i> 12-20-17	

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R191	<p>Continued From page 4</p> <p>shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to submit a report of two allegations of suspected financial exploitation made by Residents #2 and #3, to the licensing agency. The findings include the following:</p> <p>1. Per interview with the Manager on 12/5/17, Resident #3 made an allegation of missing Seven Thousand-Two Hundred dollars (\$7,200.00) from his/her personal belongings on 8/1/17. The Burlington Police Department was notified by the facility on 8/2/17 and on 10/4/17 a police officer forwarded the complaint of financial</p>	R191		

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R191	<p>Continued From page 5</p> <p>exploitation of a vulnerable adult to Adult Protective Services (APS).</p> <p>Per interview with Resident #3 on 12/5/17 at approximately 10:45 AM, confirmation was made that s/he has been interviewed by the Police and an Investigator from the APS. S/He confirms that the perpetrator has been identified, they have located a portion of the money and the perpetrator has confessed to the theft. S/he acknowledges that the money found has not been returned as of yet, but plans on pressing charges against the terminated employee.</p> <p>Per telephone discussion on 12/7/17 at approximately 9:30 AM, the manager confirms that a report has not been made to the licensing agency, but acknowledges the requirement.</p> <p>2. Per discussion with the Manger on 12/5/17, Resident #2's family made allegation at the end of August of 2017 that One-Hundred and Forty dollars (\$140.00) was missing form his/her bureau drawer. The Manager confirms that they have since reimbursed Resident #2, the One-Hundred and Forty dollars (\$140.00). The facility concluded they could not determine what happened to the money.</p> <p>Per discussion with Resident #2, s/he is very clear that a business envelope containing One-Hundred and Forty dollars (\$140.00), was hidden in the top left hand drawer under personal clothing, sometime in July/August. At a later date, Resident #2 attempted to access the money and identified that the envelope and the contents were gone. The family notified administration of the loss.</p> <p>Per telephone discussion on 12/7/17 at</p>	R191		

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R191	Continued From page 6 approximately 9:30 AM, the manager confirms that a report has not been made to the licensing agency, but acknowledges the requirement.	R191		
R207 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff statements the facility failed to report suspected incidents of financial exploitation of a vulnerable adults and missing tablets of a prescribed medication. The findings include the following: Per Licensing Agency Intake Information dated 10/4/17, the facility had received complaints of missing money from residents and families (Resident #2 and #3). Staff also identified missing prescription medication from the medication cart. These incidents are suspected to have occurred in June-July-August 2017. Per review with the Licensing and Survey agency on 12/4/17, confirmation is made that there have been no staff or facility reports pertaining to the exploitation of money or the diversion of medication to date (12/5/17).	R207	<i>See Attached</i> 12-20-17	

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R207	Continued From page 7 Per discussion with the Manger and the Director of Nurses, during the two day review (12/4-12/5/17), the surveyor was provided with copies of questions that facility administration asked of twenty-six (26) employees dated 8/1, 8/4, 8/7, 8/11 and 8/14/17 at various times of the day and evening. Each employee was read questions by the Manager and the responses were documented by the Director of Nurses. One of the questions asked is as follows: "There has been serious allegation of theft in the building. It is believed that the theft occurred between July 7th and July 25th can you tell what you know about this?" Responses varied from heresy, knowledge that residents spoke of missing money to staff, no acknowledgement of any information and gossip related to drug diversion. A formal investigation was not conducted for allegations of exploitation of money for Residents #2 and #3. A partial review was conducted (questions asked) related to the allegation of missing money for Resident #3. Prescription medication that was found missing was replaced by the facility. There is no documented evidence that a thorough investigation was conducted. This information was confirmed by the Manager on 12/5/17 at approximately 12 noon. Per discussion with the DNS and the Manager, confirmation was made that all employees are mandated to report Abuse, Neglect and Exploitation of Vulnerable Adults. Facility policy identifies that filing a report should occur at the time of suspected abuse, neglect and/or exploitation.	R207		

5.11.b Resident Care and Home Services

The following actions were taken and implemented into resident care: Effective dates as outlined.

Current employee compliance:

- All current employees will be required to complete the required twelve (12) hours of training/in-services within the next 60 days (02/28/2018). Within 60 days (02/28/2018) current employees who had not completed their required 12 hours of training/in-services will be removed from the schedule until their training/in-services are completed.
 - Training/In-services will include the following mandates:
 - Residents rights
 - Fire safety and emergency evacuation
 - Resident emergency response procedure such as the Heimlich maneuver, accidents, police or ambulance contact and first aid
 - Policies and procedures regarding mandatory reports of abuse, neglect and exploitation with residents
 - Respectful and effective interactions with residents
 - Infection control measures, including but not limited to, handwashing, handling linens, maintaining clean environments, blood borne pathogens, and universal precautions
 - General supervision and care of residents
 - Additional training to include, at minimum, topics on caring for residents with Alzheimer/dementia, End of life care, HIPPA/Confidentiality, Restraint free environment and Fall prevention.
- Over the course of the next 60 days, completion 02/28/2018, training/In-services will be offered by nurse(s) on staff or by another trained professional for all 3 shifts.
 - In person/in house training is preferred but take home and on-line training will be made available to staff
- Fire safety and emergency evacuation will be rotated between the morning (6am – noon), afternoon (noon – 6p), evening (6pm – 11pm) and the night (11pm to 5am)

Systemic changes made to ensure deficient practices do not recur:

- Ethan Allen will focus on one training/in-service per month (See attached training schedule)
 - The nurse(s) or other qualified staff will offer in house training/in-services two (2) times per month to day, evening and over-night staff.
 - Take home and on-line training/in-services will be available to staff
 - Staff members will be required to complete their training/in-service in the designated month.
 - Any staff member who has not completed their training in the designated month will be removed from the schedule until required training/in-service is completed.
- A designated staff member will be assigned the task of monitoring/tracking staff training.
 - That designated employee will meet with the Administrator or DON to identify and address employees with training deficiencies on a monthly basis.

- All new employees and/or rehired employees will be required to complete 12 hours of training/in-services as a part of the orientation. Orientation will be completed within 30 days of hire.
- Yearly employee evaluation, which are completed in February will include mandatory in-service completion requirement. No advancement or raises will be offered if mandatory training/in-service are not completed.

How practices are being monitored to prevent recurrence:

- Ethan Allen will focus on one training/in-service per month (See attached training schedule)
 - The nurse(s) or other qualified staff will offer in house training/in-services two (2) times per month to day, evening and over-night staff.
 - Take home and on-line training/in-services will be available to staff
 - Staff members will be required to complete their training/in-service in the designated month.
 - Any staff member who has not completed their training in the designated month will be removed from the schedule until required training/in-service is completed.
- A designated staff member will be assigned the task of monitoring/tracking staff training.
 - That designated staff member will meet with the Administrator or DON to identify and address employees with training deficiencies on a monthly basis.
- All new employees and/or rehired employees will be required to complete 12 hours of training/in-services as a part of the orientation. Orientation will be completed within 30 days of hire.
- Yearly employee evaluation, which are completed in February will include mandatory in-service completion requirement. No advancement or raises will be offered if mandatory training/in-service are not completed.

Training/In-service schedule for 2018

January: Residents rights

February: Fire safety.

March: Residents rights

April: Fire safety and emergency evacuation

May: Resident emergency response procedure such as the Heimlich maneuver, accidents, police or ambulance contact and first aid

June: Policies and procedures regarding mandatory reports of abuse, neglect and exploitation with residents

July: Respectful and effective interactions with residents

August: Infection control measures, including but not limited to, handwashing, handling linens, maintaining clean environments, blood borne pathogens, and universal precautions

September: General supervision and care of residents

October: HIPPA and confidentiality

November: End of Life Care

December: Restraint free environment and fall prevention.

PLAN OF CORRECTION

Resident Care and Home Services: 5.11d

ACTION:

An administrative assistant at Ethan Allen Residence will check the AHS-Background Registry (Adult & Child Protection) and The Criminal Conviction Record for all new hires. Ethan Allen will continue to do yearly Background Registry and Criminal conviction checks for all current employees, which goes above and beyond the current regulations.

MEASURE:

At the time of yearly employee evaluations completed in February for all employees the background and criminal checks will be completed.

MONITORING:

Our administrative assistant will have this specific task added to her job description. The human resource manager will verify the results of the checks for both the new hires and current employees.

DATE: Effective immediately 12/20/17

PLAN OF CORRECTION

Records and Reports: 5.12.c

ACTION:

Ethan Allen Residence will file a written report of any allegations of suspected incidents of abuse, neglect or exploitation of our resident's to the Licensing Agency. The reports will contain the date the time (if known) of the alleged incident(s), the name(s) of the victims, and the individual(s) making the allegation, using the exact words of the initial reporter. Any action taken by Ethan Allen will also be included.

MEASURE:

A written report of any suspected abuse, neglect or exploitation will be filed with the Licensing Agency within 72 hours of the suspected incident.

MONITORING:

On going monitoring will occur by the Administrator to make sure all reports are completed and filed in a timely manner.

DATE: Effective immediately 12/20/17

PLAN OF CORRECTION

Residents Care and Home Services: 5.18b

ACTION:

Ethan Allen Residence will report any allegations of suspected incidents of abuse, neglect or exploitation of our resident's to both the Licensing Agency and Adult Protective Services within 48 hours of learning of the incident(s).

MEASURE:

A report of any suspected abuse, neglect or exploitation will be called into both APS and the Licensing Agency within 48 hours.

MONITORING:

On going monitoring will occur by the Administrator to make sure all suspected incidents of abuse, neglect or exploitation are reported in a timely manner. The Administrator will stress with all staff that they are a mandated reporter of any suspected incidents.

DATE: Effective immediately 12/20/17